



EPA KEY CONTACTS FORM

OMB Number: 2030-0020
Expiration Date: 06/30/2024

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: Ms.	First Name: Teuta	Middle Name:
	Last Name: Tanaka		Suffix:
Title:	Director		
Complete Address:			
Street1:	2566 Heron Dr.		
Street2:			
City:	Lindenhurst	State:	IL: Illinois
Zip / Postal Code:	60046-8521	Country:	USA: UNITED STATES
Phone Number:	773-663-8569	Fax Number:	
E-mail Address:	tboci3@gmail.com		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Teuta	Middle Name:
	Last Name: Tanaka		Suffix:
Title:	Director		
Complete Address:			
Street1:	2566 Heron Dr.		
Street2:			
City:	Lindenhurst	State:	IL: Illinois
Zip / Postal Code:	60046-8521	Country:	USA: UNITED STATES
Phone Number:	773-663-8569	Fax Number:	
E-mail Address:	tboci3@gmail.com		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Dr.	First Name: John	Middle Name: C
	Last Name: Aldrin		Suffix:
Title:	Director		
Complete Address:			
Street1:	4275 Chatham Ave.		
Street2:			
City:	Gurnee	State:	IL: Illinois
Zip / Postal Code:	60031	Country:	USA: UNITED STATES
Phone Number:	847-421-7903	Fax Number:	
E-mail Address:	j_aldrin@yahoo.com		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

Complete Address:

Street1:
Street2:
City: State:
Zip / Postal Code: Country:
Phone Number: **Fax Number:**
E-mail Address: